

Agent Order form For ILTCIP Materials

Please make check payable to Department of Insurance (DOI)

Send the check and this completed form to:

**Indiana Department of Insurance
Indiana Long Term Care Insurance Program
311 W. Washington St., #300
Indianapolis, Indiana 46204
(317) 233-1470**

Please print legibly.

Name _____

Mailing Address _____

City, State, Zip _____

Daytime Phone _____

Please send me ____ copies of the ILTCIP Video at \$8.50 each \$ Total _____

This 10-minute video, produced in October 2002, provides an attractive general introduction to Long Term care insurance and the ILTCIP.

Please send me ____ of the ILTCIP Booklet at \$1.00 each, \$ Total _____

“What You Should Know About Long Term Care” is an easy-to-read overview of ILTCIP and Long Term Care insurance. (10/06 edition)

Please send me ____ packs of the ILTCIP Brochure at \$7.50, \$ Total _____

(per pack of 50), “Your Peace of Mind,” Provides an overview of the ILTCIP in a tri-fold brochure format. (02/03 edition)

Please send me ____ copies of the Agent Manual at \$7.00 each \$ Total _____

Contains ILTCIP, as well as regular LTC, regulations. (11/06 edition)

Please send me ____ copies of the Partnership Guide for Agents \$ Total _____

at \$6.50 each. Comprehensive guide with marketing ideas and examples to aid in being a successful agent partner. (11/06 edition)

Please send me ____ packs of the “Your Future’s So Bright” brochure \$Total _____

at \$15.00 (per pack of 50). Bi-fold format geared to Baby-Boomers. (09/03 edition)

Please send me ____ “Nursing Home Resident with a Spouse at Home” \$ Total _____

brochure (01/08) at .05 each – Explains the spousal impoverishment protection law.

Please send me ____ Shopper’s Guide for Long Term Care for .75 each. \$ Total _____

(3/06 edition)

Grand Total \$ _____